



VICTIM/WITNESS ASSISTANCE
Wisconsin Department of Justice

REIMBURSEMENT REQUEST

County/Program address/phone number

Reimbursement Period:

July – December 2009

Due Date:

February 12, 2010

FAX:

Name/Phone of Person Preparing Reimbursement Request:

Email:

SEMI-ANNUAL PROGRAM COST SUMMARY	This Period
I. PERSONAL SERVICES – TOTAL	
II. OPERATING EXPENSES - TOTAL (Lines A-E)	
A. Supplies and Services	
B. Data Processing	
C. Travel	
D. Training	
E. Miscellaneous	
III. TOTAL (Lines I + II)	

For DOJ Use

I certify that this request is a complete and accurate report and all information is contained in the permanent fiscal records of the agency. It is understood and agreed that any equipment or permanent property for which the county receives state reimbursement under Chapter 950, Wis. Stats., will be used solely for crime victim and witness services. Disposal or other use of such equipment or property requires approval of the Department of Justice.

Signature/Authorized Official

Date

Typed/Printed Name

Title

I. Personal Services¹

Type ²	Name ³ [Also, enter hourly pay as of 12/31/09; check box if in union]	Total Hrs ⁴	Salary	Fringe	Total Cost
	Name: Hourly pay: <input type="checkbox"/>				
	Name: Hourly pay: <input type="checkbox"/>				
	Name: Hourly pay: <input type="checkbox"/>				
	Name: Hourly pay: <input type="checkbox"/>				
	Name: Hourly pay: <input type="checkbox"/>				
	Name: Hourly pay: <input type="checkbox"/>				
	Name: Hourly pay: <input type="checkbox"/>				
	Name: Hourly pay: <input type="checkbox"/>				
	Name: Hourly pay: <input type="checkbox"/>				
	Name: Hourly pay: <input type="checkbox"/>				
Total This Period:					
<div>Explanations</div>					

¹ Use additional pages, if necessary and enter total on this page.

² Position Types: 1 = Coordinator; 2 = Specialist; 3 = Support; 4 = Other

³ Include starting date of newly hired staff and ending date of staff leaving program. Enter hourly pay as of Dec. 31, 2009. Also indicate any areas of specialization. Check box if position is in union.

⁴ Enter total reimbursable hours for entire reporting period; **not** hours per week. Overtime hours should be identified separately for each employee, along with corresponding rate of pay and the amount of overtime cost. This can be done under the "Explanations" section, or by attaching a separate sheet. The total Salary amount includes overtime costs.

II. Operating Expenses**A. Supplies and Services⁵**

Item	Type ⁶	Amount
1. Office Supplies (pencils, paper, etc.)		
2. Postage		
3. Photocopying		
4. Printing		
5. Equipment Maintenance/Repair		
6. Telephone		
7. Contractual Services		
8.		
9.		
Total This Period:		

Explanations

⁵ Report all expenses associated with data processing/computers under "Data Processing."

⁶ Types: A = Annual; S = Semi-Annual; N = Non-recurring; R = Revision of previous claim; O = Other.

B. Data Processing

[Remember to include a copy of the approved Major Expenditure Approval form for each item costing more than \$250.]

Item	Type ⁷	Amount
1. DP Supplies		
2. DP Maintenance/Repair		
3. DP Usage Charges		
4. Hardware Purchases/Leases		
5. Software Purchases		
6.		
7.		
Total This Period:		

Explanations

⁷ Types: A = Annual; S = Semi-Annual; N = Non-recurring; R = Revision of previous claim; O = Other.

C. Travel - **Include mileage, meals or lodging for training purposes in Section D. Not here.**

Item	Amount
1. OCVS Regional Meetings or Trainings	
2. Service Related Travel: Transportation	
3.	
4.	
5.	
Total This Period:	

Explanations

- D. Training - **Enter total cost for each training event (registration, travel, lodging, meals).**
[Remember to include a copy of the approved Major Expenditure Approval form for each training costing more than \$250.]

Item	Type ⁸	Amount
Training/Conferences Attended ⁹		
1.		
2.		
3.		
4.		
5.		
6. Memberships ¹⁰		
7. Materials ¹¹		
8.		
9.		
Total This Period:		

Explanations/Itemizations for This Period:

⁸ Types: A = Annual; S = Semi-Annual; N = Non-recurring; R = Revision of previous claim; O = Other.

⁹ List the title, sponsor, location, dates and total cost for each training program/conference and the name(s) of staff persons who attended. Registration fees, lodging, mileage and meal costs need to be reported separately for each staff attending. OCVS-sponsored regional meetings should be reported as a travel expense.

¹⁰ Itemize each membership separately in "Explanation" section; indicate if a membership is included as part of a conference registration (e.g. NOVA, WVWP).

¹¹ Attach a list of the titles, description and cost of each item purchased (e.g. books, periodicals, subscriptions, videotapes, etc.)

E. Miscellaneous Expenses

[Remember to include a copy of the approved Major Expenditure Approval form for each item costing more than \$250.]

Item	Type ¹²	Amount
1.		
2.		
3.		
4.		
Total This Period:		

Explanations/Itemizations for This Period:

¹² Types: A = Annual; S = Semi-Annual; N = Non-recurring; R = Revision of previous claim; O = Other.

Instructions for Reimbursement Request

COVER SHEET

1. The Cover Sheet contains the Semi-Annual Program Cost Summary. Under the Column labeled, "This Period," enter the total costs incurred for each budget category during the reimbursement period. This sum should be carried forward from the "Total This Period" line from each Budget Detail page.
2. The "Operating Expenses - Total" on line II is the sum of the individual operating expense line items A - E.
3. The "Total" on line III is the sum of lines I and II.

BUDGET DETAILS

- a. For each budget category, enter the totals on the line, "Total This Period."
 - b. Space is provided for explanations and itemizations of items listed under each budget category. **Adequate explanations and itemizations MUST be provided** but do NOT attach original source documentation, such as receipts, invoices, ledgers, etc. Lack of adequate explanations may result in delayed or denied reimbursements. Use additional pages, if necessary, and indicate the appropriate Attachment No. in the space provided.
 - c. **Attach copy of approved Major Expenditure Approval forms for those items (equipment, training, etc.) for which reimbursement is requested in this period.**
4. **Personal Services**
- a. A separate line must be completed for each staff person for whom reimbursement is requested.
 - b. "Type" - Enter the type of position as follows: 1 = Coordinator; 2 = Specialist; 3 = Support; 4 = Other. Regardless of working title, the director or lead worker of the program is the Coordinator. In many counties, there is only a coordinator. Other direct service providers are counted as Specialists. Clerical positions are counted as Support.
 - c. "Name" - Enter the name of the person filling each position. If there was a staff turnover, or a newly created position filled, enter the name of each person **on a separate line with the dates of employment/termination** and, if applicable, his/her area of specialization. Enter the position's hourly rate of pay as of December 31, 2009. Check the box if the position is in a union.
 - d. "Total Hrs" - Indicate the number of hours charged to Chapter 950 during the current period. Use 1,044 hours per semi-annual period, if full-time.
 - e. "Salary", "Fringe" and "Total Cost" - Separate out the salary and fringe benefits. Fringe benefits should be itemized for each staff person. If benefits are calculated on a percentage or prorated basis, enter the dollar equivalent and explain.
5. **Operating Expenses - ALL ITEMS MUST BE ADEQUATELY EXPLAINED AND ITEMIZED.**
- a. "Type" - Enter the type of claims as follows: A = Annual (reimbursement usually claimed only once each year); S = Semi-annual (expense claimed every six months); N = Non-recurring (a one-time expense); R = Revision of previous claim (correction or adjustment to a previous claim). If a particular line item consists of more than one claim type, either itemize them separately or explain in space provided.
 - b. Travel - Costs may include mileage, food, lodging and related expenses associated with Chapter 950 services, other than training. Travel for training purposes should be included in the cost of the training in Section D.
 - c. Training Attended - On each line, enter the title and total cost for each training program or conference attended. **For each program attended, itemize in the "Explanation" space or on an attachment the dates, program title, sponsoring agency and location. Registration fees, lodging, mileage and meal costs need to be reported separately for each staff attending.**
 - d. Materials - Attach a list of the titles, description and cost of each item purchased as training or reference materials.
 - e. Miscellaneous - Itemize and describe equipment purchases, other than data processing, in this category.

Return to: Office of Crime Victim Services, P.O. Box 7951, Madison, WI 53707